



NOTE: REDACTIONS ARE INDICATED [REDACTION] AND GISTS ARE IN BOLD, DOUBLE-UNDERLINED AND ITALICS

FORM FOR SHARING

Section 1: Data Description *(to be completed by Data Sponsor)*

Dataset Codename:		<u>Form for Acquisition</u> Reference: <i>(where applicable)</i>	
Data Sponsor: <i>(Name and <u>Staff Role</u>)</i>		<u>Form for Sharing</u> Reference: <i>(this should be obtained from <u>the relevant team</u>)</i>	
MI5 Officer Responsible for Negotiating Sharing: <i>(Name/ <u>Staff Role</u>)</i>			
Recipient Organisation:	☐ SIS ☐ Other <i>(please specify)</i> ☐ GCHQ		
Recipient Contact Details:			
Dataset Category	☐ Corporate <i>(Intelligence or security information the Service needs for the purposes of performing its statutory functions.)</i> ☐ Targeted <i>(Primarily related to SOI's, with variable levels of collateral intrusion.)</i> ☐ Bulk Personal <i>(The overwhelming majority of the contents concerns personal data about individuals of no direct intelligence interest.)</i>		
Description of Data to be Shared: <i>(A description of field names must be provided as an annex. Please include details below of any specific exclusions that will be made.)</i>			
Does the requested data contain Personal Data? <i>(provide further detail in the adjacent box)</i>			

[REDACTION]



NOTE: REDACTIONS ARE INDICATED [REDACTION] AND GISTS ARE IN BOLD, DOUBLE-UNDERLINED AND ITALICS

☐ Identifying Personal Data <i>(from the data itself or in combination with other data that is or likely to become held by the Service)</i>			
☐ Information about Activities <i>(e.g. travel)</i>			
☐ Sensitive Personal Data <i>(biometric, financial, medical, racial or ethnic origin, religious, journalistic, political, legal, sexual, criminal activity)</i>			
☐ Other			
Size of dataset:	please select please be more specific if possible		
Proposed Update Frequency:			
Proposed Retention Period: <i>(Please state the proposed retention period for the data held by the other agency.)</i>			
Access Restrictions: <i>(State the arrangements agreed to ensure material is handled securely and what access control will be applied)</i>			
Agreed Handling Caveats: <i>(State the agreed caveats relating to the handling of this material.)</i>			
Agreed Classification:	Please select	(no STRAP)	(no national caveat)

Section 2: Business Justification & Privacy Assessment *(to be completed by Data Sponsor)*

Statement of Necessity and Proportionality:

Please tick the relevant grounds on which this sharing is founded:

- ☐ for the protection of national security
- ☐ for the purpose of safeguarding the economic well-being of the United Kingdom
- ☐ for the prevention or detection of serious crime (where the warrant is for the protection of national security)
- ☐ for the purposes of criminal proceedings

[REDACTION]



NOTE: REDACTIONS ARE INDICATED [REDACTION] AND GISTS ARE IN BOLD, DOUBLE-UNDERLINED AND ITALICS

Please now explain why the sharing of this data is necessary and proportionate covering the following points:

- How the data will be used and how the purpose of the sharing falls within the Service's statutory functions.
- What results or benefit do you expect it to provide to the recipient and MI5.
- Any alternative means of achieving the same results.

Assessment of Privacy:

Assessment of Actual Intrusion and measures taken to minimise this:

(Actual intrusion in this case is taken to mean the intrusion or interference with privacy caused by accessing of personal data by the recipient as a result of analysis.)

Classification of Actual Intrusion:

Please select

Assessment of Collateral Intrusion and measures taken to minimise this:

(Collateral intrusion in this case is taken to mean the intrusion or interference with privacy, caused by merely sharing the dataset with another agency, prior to any action taken against it.)

Assessment of Collateral Intrusion:

Please select

Referred to **Ethics**:

Please select

Business Case Sign Off *(to be completed by Data Sponsor)*

Name/ **Staff Role**:

Date:

Business Case Approval *(to be completed by Data Sponsor **Senior MI5 Official**)*

I am satisfied:

- that the sharing of this dataset is necessary
- that the sharing of this dataset is proportionate to what is sought to be achieved

Name/ **Staff Role**:

Date:

[REDACTION]

[REDACTION]

[REDACTION]

[REDACTION]



NOTE: REDACTIONS ARE INDICATED [REDACTION] AND GISTS ARE IN BOLD, DOUBLE-UNDERLINED AND ITALICS

[REDACTION]	
[REDACTION]	

Section 4: Technical Feasibility (to be completed by the relevant technical team)

Technical provider comment:

Technical Feasibility Sign Off (to be completed by the relevant technical team)

Name/ Staff Role:

Date:

Section 5: Legal Sign-off (to be completed by LA)

Legal Adviser Comment:

Legality of Disclosure Sign Off (to be completed by a Legal Adviser)

Name/ Staff Role:

Date:

Section 6: Information Assurance (to be completed by the relevant team)

The relevant team Comment:

(Comment on the necessity and proportionality of the sharing and the intrusion involved.)

Does disclosing this dataset have the potential to cause political embarrassment or reputational damage to the Service and its partners?

Overall Classification of Corporate Risk:

Please select

Information Assurance Sign Off (to be completed by the relevant team)

Name/ Staff Role:

Date:

Section 7: Final Approval (to be initialled electronically by DSIRO or designated person)

[REDACTION]



NOTE: REDACTIONS ARE INDICATED [REDACTION] AND GISTS ARE IN BOLD, DOUBLE-UNDERLINED AND ITALICS

I am satisfied:

- that the sharing of this dataset is necessary;
- that the sharing of this dataset is proportionate to what is sought to be achieved (taking account of the degree of intrusion);
- that satisfactory arrangements exist for ensuring proper management and protection of the data.

I authorise the sharing of this dataset. It should be reviewed and renewed

- ☐ I consider the sharing of the information referred to above is necessary for the reasons(s) set out. I am satisfied that the recipient will handle the material securely, protect its source and not disseminate further without prior reference to the Service. I am satisfied that the appropriate arrangements are in place for its return or destruction once it is no longer required or at the request of the Service.
- ☐ Sharing is authorised ONLY on further conditions and/or with further caveats (see comments below)
- ☐ Sharing is not authorised

Final Approval Sign Off (to be completed by SRO or designated person)

Name/ Staff Role:

Date: